

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875)

SERIAL NO. 097830974 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER		AFTER			
	IND.	DEP.	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.
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TOTAL IND.	12	1						
TOTAL DEP.	10							
TOTAL CLAIMS	12	1						

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